\cap	IST	$\cap M$		C1	AIM
~ `		~/ IF	11-11		- L

Clain	n Number	_
Date	Received	

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Y t y that w	Provide your office and home telephone no.
Laborers Local 214 Pension Fund 23 Mitchell Street	OFFICE: (315)343-1666
Oswego, NY 13126 Beacon Associates,	HOME: (315)413-0225
Madoff Account #: 1-B0118 Tax ID #: 16-0876163	Taxpayer I.D. Number (Social Security No.)

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY

CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

a	O.L.	- (
7.	Claii a.	m for money balances as of December 11, 2008: The Broker owes me a Credit (Cr.) Balance of	. \$	34,23
	b.	I owe the Broker a Debit (Dr.) Balance of	\$	

	c.	If you wish to repay the Debit Balance,						
		please insert the amount you wish to repay and						
		attach a check payable to "Irving H. Picard, Esq.,						
		Trustee for Bernard L. Madoff Investment S	rustee for Bernard L. Madoff Investment Securities LLC."					
		If you wish to make a payment, it must be	encl	osed				
		with this claim form.		\$	0-			
	d.	If balance is zero, insert "None."		N	one			
2.	Clair	m for securities as of December 11, 2008:						
			- 121 V	'Allo bacc	ECCION			
PLEASE	E DO	NOT CLAIM ANY SECURITIES YOU HAVE	I IN T	OUR FOSS	DESSION.			
			Y	ES	<u>NO</u>			
	a.	The Broker owes me securities	\rangle	<				
-	Suit a				X			
	b.	I owe the Broker securities						
	C.	if yes to either, please list below:						
				Number	of Shares or			
					ount of Bonds			
Date o	£			The Broke	r I Owe			
Transac				Owes Me	the Broker			
(trade d	ate)	Name of Security		(Long)	(Short)			
		\$7,512,500.16		<u>X</u>				
	······································	Discourse the second	46					
		Please refer to Beacon Associat	£-7	E-mahamata (IVIIII MANASA AMARA)				
KARO-U HIII SIIII V IJA VIII SISTI		SIPC Claim; the above estimate	d					
CANADA MARINE MA		amount is the claimant's Shar	<u> </u>	**************************************				
		of the Modoff loss only.						

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.	Water the second	<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	AMANAMANA	X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	*	<u>X</u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		

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9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.	X
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A	**************************************
	annot compute the amount of your claim, you may file an estimated claim ease indicate your claim is an estimated claim.	n. In that
CONVIC	A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,0 ONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.	
INFORM	OREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST MATION AND BELIEF. Signature Light Last	
Date	2/21/09 Signature Lynthu Last	alvo
Date	Signature	
address than a p	ership of the account is shared, all must sign above. Give each owners, phone number, and extent of ownership on a signed separate sheet, personal account, e.g., corporate, trustee, custodian, etc., also state your hority. Please supply the trust agreement or other proof of authority.)	If other
	xhibit B This customer claim form must be completed and mailed promptly together with supporting documentation, etc. to:	,
	Irving H. Picard, Esq.,	

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR OSWEGO LABORERS' LOCAL 214 PENSION FUND [EIN #16-0876163]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq. Jonathan M. Cerrito, Esq. Blitman & King LLP Franklin Center, Suite 300 443 North Franklin Street Syracuse, New York 13204-5412 Telephone: (315) 422-7111

Cynthia Castaldo, Administrator Oswego Laborers' Local 214 Pension Fund 23 Mitchell Street Oswego, New York 13126 Telephone: (315) 343-1666 RESOLUTION

WHEREAS, the Oswego Laborers' Local 214 Pension Fund ("Fund") is an independent

functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC

through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund;

and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation

("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff

Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4,

2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Cynthia

Castaldo, Administrator of the Fund, to sign the Customer Claim Form and any and all other

documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all

other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on

behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently

of each other in a number of counterparts. Together the counterparts shall constitute a full and original

Resolution for all purposes.

OSWEGO LABORERS' LOCAL 214

PENSION EUND

Dated: 2/24/09

Dated: 2-24-09

By:

William F. Shannon, Union Trustee

By:

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Dated: 02-24-09	By: Michael	Blasquenski ski, Union Thistee
	Mighael Blasczier	nski, Union Talstee
Dated: 2-24-09	By: Jall	Hall
,	Earl N. Hall, Emp	loyer Trustee
Dated:	Ву:	Attached
	Paul Castaldo, Em	ployer Trustee
Dated: FEB 24 2009	By:	el
	Earl R. Hall, Empl	loyer Trustee

klc/Madoff/OswegoLabPF/SIPC Resolution - Indirect

RESOLUTION

WHEREAS, the Oswego Laborers' Local 214 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Cynthia Castaldo, Administrator of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		OSWEGO LABORERS' LOCAL 214 PENSION FUND
Dated:	By:	
		William F. Shannon, Union Trustee
Dated:	By:	
		David Henderson, Jr., Union Trustee



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Dated:	By:	
		Michael Blasczienski, Union Trustee
Dated:	Ву:	
		Earl N. Hall, Employer Trustee
Dated: 2.75-49	Ву:	Had Cotall
		Paul Castaldo, Employer Trustee
Dated:	Ву:	
		Earl R. Hall, Employer Trustee

klc/Madoff/OswegoLabPF/SIPC Resolution - Indirect

AK 2

OSWEGO LABORERS' LOCAL 214 PENSION FUND (EIN # 16-0876163)

UNION TRUSTEES

William F. Shannon Oswego Laborers' Local 214 Pension Fund c/o Upstate Laborers District Council 200 Salina Meadows Parkway Suite 210 Syracuse, New York 13212 Telephone: (315) 413-0225

David Henderson, Jr.
Oswego Laborers' Local 214 Pension Fund
23 Mitchell Street
Oswego, New York 13126
Telephone: (315) 343-7661

Michael Blasczienski Oswego Laborers' Local 214 Pension Fund 103 Dietrich Road Oswego, New York 13126 Telephone: (315) 592-4041

EMPLOYER TRUSTEES

Earl N. Hall Oswego Laborers' Local 214 Pension Fund c/o CEA of CNY, Inc. 6563 Ridings Road Syracuse, New York 13206 Telephone: (315) 437-9936

Paul Castaldo Oswego Laborers' Local 214 Pension Fund c/o Paul A. Castaldo, Inc. 11 Fourth Avenue, Suite D Oswego, New York 13126 Telephone: (315) 343-7980

Earl R. Hall
Oswego Laborers' Local 214 Pension
Fund
c/o CEA of CNY, Inc.
6563 Ridings Road
Syracuse, New York 13206
Telephone: (315) 437-4050

PLUMBERS & PIPEFITTERS #112 FUNDS OFFICE

11 Griswold St., P.O. Box 670 Binghamton, NY 13902



Phone: (607) 722-1883 Fax: (607) 724-4708

February 26, 2009

Irving H. Picard, Esq Trustee for Bernard L. Madoff Investment Securities LLC Claims Processing Center 2100 McKinney Avenue, Suite 800 Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Plumbers Local 112 Health Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

PLUMBERS LOCAL 112 HEALTH FUND

George Fish, Fund Administrator

Enclosure(s)

GF/td

	custc	MER CLAIM	Claim Number
			Date Received
	BERNARD L. MADOFF	INVESTMENT SECUR	ITIES LLC
	ìn	Liquidation	
	DECE	MBER 11, 2008	
Plumbers Local 112 He 11 Griswold Street Binghamton, New Yorl Beacon Associates, Madoff Account #: 1-I Tax ID #: 16-6053348	k 13904 B0118	OFFICE: (601) HOME: [601] Taxpaver I.D. Numl	and home telephone no. 1732 - 1883 1771 - 8178 ber (Social Security No.) 53348
(If incorr	rect, please change)		
NOTE:	BEFORE COMPLETING THIS THE ACCOMPANYING INST SHOULD BE FILED FOR E PROTECTION AFFORDED U RECEIVED BY THE TRUST RECEIVED AFTER THAT DA SUBJECT TO DELAYED PRO LESS FAVORABLE TO THE O CERTIFIED MAIL - RETURN I	RUCTION SHEET. A SEACH ACCOUNT AND, INDER SIPA, ALL CUST EE ON OR BEFORE INTERPOLICESSING AND TO BEIND LAIMANT. PLEASE SENTECEIPT REQUESTED.	SEPARATE CLAIM FORM TO RECEIVE THE FULL TOMER CLAIMS MUST BE March 4, 2009. CLAIMS RE July 2, 2009, WILL BE NG SATISFIED ON TERMS ND YOUR CLAIM FORM BY
1.	Claim for money balances as	s of December 11, 2008 Credit (Cr.) Balance of	8.:

	C.	If you wish to repay the Debit Balance,			
		please insert the amount you wish to repay	and		
		attach a check payable to "Irving H. Picard,	Esq.,		
		Trustee for Bernard L. Madoff Investment Se	ecurities Ll	_C."	
		If you wish to make a payment, it must be e	enclosed		
		with this claim form.	\$_	- (<u> </u>
	d.	If balance is zero, insert "None."	h	No	ne
2.	Clai	m for securities as of December 11, 2008:			
PLEASE	DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOUR F	°OSSE	SSION.
			YES	-	NO
	a.	The Broker owes me securities	X		
	b.	I owe the Broker securities			X
	C.	if yes to either, please list below:			
					f Shares or nt of Bonds
Date of Transacti	ion		The B Owes		I Owe
(trade da		Name of Security	(Lor		the Broker (Short)
	w. <u></u>	£1.889,801,1*	X		304····
		Please refer to Beacon Associates	S		
		SIPC Claim; the above estimated	***************************************	Sirver Agrico	**************************************
\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	···-	amount is the claimant's share		Alphannova.	-
		of the Madoff loss only.	***************************************	700	**************************************

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	Water transfer to the same of	X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	***************************************	
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	daniman and the state of the st	<u>X</u>

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9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if	· · · · · · · · · · · · · · · · · · ·
	so, give name of that broker.	
	Please list the full name and address of anyone assisting preparation of this claim form: See Exhibit A	you in the
	cannot compute the amount of your claim, you may file an esplease indicate your claim is an estimated claim.	timated claim. In that
CONV	A VIOLATION OF FEDERAL LAW TO FILE A FRICTION CAN RESULT IN A FINE OF NOT MORE ISONMENT FOR NOT MORE THAN FIVE YEARS OR BOT	THAN \$50,000 OR
	FOREGOING CLAIM IS TRUE AND ACCURATE TO RMATION AND BELIEF.	THE BEST OF MY
Date _	2/27/2009 Signature James 75 8/27/3009 Signature 75/00, 7	Rounde
Date_	0/41/5009 Signature 240 6. 7	relle
addres than a	nership of the account is shared, all must sign above. Give ss, phone number, and extent of ownership on a signed ser personal account, e.g., corporate, trustee, custodian, etc., all uthority. Please supply the trust agreement or other proof of	parate sheet. If other so state your capacity

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

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LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR PLUMBERS LOCAL 112 HEALTH FUND [EIN #16-6053348]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Bernard T. King, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

George Fish, Fund Administrator Plumbers Local 112 Health Fund 11 Griswold Street P.O. Box 670 Binghamton, New York 13902 Telephone: (607) 722-1883

RESOLUTION

WHEREAS, the Plumbers, Pipe Fitters and Apprentices Local 112 Health Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize James Rounds, Chairman Trustee, and Lyle Fassett, Secretary Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

PLUMBERS, PIPE FITTERS AND APPRENTICES LOCAL 112 HEALTH FUND

Dated: 2/19/09	By:	James Rounds, Union Trustee
	-	James Rounds, Union Trustee
Dated:	By:	Bernard Lubeck, Union Trustee

RESOLUTION

WHEREAS, the Plumbers, Pipe Fitters and Apprentices Local 112 Health Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize James Rounds, Chairman Trustee, and Lyle Fassett, Secretary Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

PLUMBERS, PIPE FITTERS AND APPRENTICES LOCAL 112 HEALTH FUND

Dated:	By:	
	~	James Rounds, Union Trustee
Dated: 2//9/09	Bv:	BIM. Lhd.
	٠٠٠ و سد	Bernard Lubeck, Union Trustee

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Dated: 2/19/09	Ву:	Donald Darcangelo, Union Trustee
Dated:	Ву:	Douglas McMaster, Union Trustee
Dated:	Ву:	
	D.,,	Scott McPherson, Union Trustee
Dated:	Ву:	Wayne L. Howard, Employer Trustee
Dated:	By:	James Lewis, Employer Trustee
Dated:	Ву:	Louis A. Falvo, Jr., Employer Trustee
Dated:	Ву:	Lyle Fassett, Employer Trustee
Dated:	Ву:	Richard Schmalz, Employer Trustee
		NATIONAL SUMMINGS, CHARLETYCE FUNCOS

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Dated:	By:	
		Donald Darcangelo, Union Trustee
Dated: 7e2 21-09	Ву:	Doces las Mc Moster Douglas McMaster, Union Trustee
Dated:	Ву:	
		Scott McPherson, Union Trustee
Dated:	Ву:	
	*	Wayne L. Howard, Employer Trustee
Dated:	By:	
	~~ J ·	James Lewis, Employer Trustee
Dated:	By:	
Datou.	Σγ.	Louis A. Falvo, Jr., Employer Trustee
Dated:	By:	
	. J	Lyle Fassett, Employer Trustee
Dated:	By:	
	<u>, </u>	Richard Schmalz, Employer Trustee

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Dated:	By:	
	•	Donald Darcangelo, Union Trustee
Dated:	Ву:	
/ 1		Douglas McMaster, Union Trustee
Dated: 2/19/09	Ву:	Scott Mcherson
<i>l</i> /		Scott McPherson, Union Trustee
Dated:	By:	
	·	Wayne L. Howard, Employer Trustee
Dated:	By:	
	,	James Lewis, Employer Trustee
Dated:	Ву:	
	2).	Louis A. Falvo, Jr., Employer Trustee
Dated:	By:	
And the same of th	· •	Lyle Fassett, Employer Trustee
Dated:	By:	
	_ 3 -	Richard Schmalz, Employer Trustee

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Dated:	By:	
	•	Donald Darcangelo, Union Trustee
Dated:	Ву:	
· · · · · · · · · · · · · · · · · · ·		Douglas McMaster, Union Trustee
Dated:	Ву:	
		Scott McPherson, Union Trustee
Dated: $2/20/09$	By:	Wayne L. Howard, Employer Trustee
,		Wayne L. Howard, Employer Trustee
Dated:	By:	
		James Lewis, Employer Trustee
Dated:	Ву:	
		Louis A. Falvo, Jr., Employer Trustee
Dated:	Ву:	
		Lyle Fassett, Employer Trustee
Dated:	Ву:	Water and the Control of the Control
		Richard Schmalz, Employer Trustee

08-01789-cgm Doc 4070-4 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 3 Customer Claims Pg 27 of 103

Dated:	By:	
** *** *******************************		Donald Darcangelo, Union Trustee
Dated:	Ву:	
		Douglas McMaster, Union Trustee
Dated:	By:	
		Scott McPherson, Union Trustee
Dated:	By:	
		Wayne L. Howard, Employer Trustee
Dated: 2.24.09	Ву: (CAMIN 87 L
		James Lewis, Employer Trustee
Dated:	By:	·
	•	Louis A. Falvo, Jr., Employer Trustee
Dated:	Ву:	
		Lyle Fassett, Employer Trustee
Dated:	By:	
		Richard Schmalz, Employer Trustee

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Subj:

Re: SIPC health forms

Date:

2/26/2009 7:38:54 A.M. Eastern Standard Time

From:

LFalvojr

To: Totalyle

Lyle; my mail comes from Florida and takes at least three days and sometimes four days. I sent the letter back on the same day I received it.

louis

In a message dated 2/25/2009 2:27:16 P.M. Pacific Standard Time, Totalyle writes:

Hi Jim and Lou, I just returned from George Fish's office and he is waiting for your signatures on the forms he sent out on the 18th of Feb. Will you please get these back to him as the forms Jim Rounds and I have to sign and get sent in has to acknowledge everyones signatures. You should have received return addressed, stamped envelopes. We need these no later than Friday, the 27th. Thanks for your attention to this matter. Lyle

A Good Credit Score is 700 or Above. See yours in just 2 easy steps!

A Good Credit Score is 700 or Above. See yours in just 2 easy steps!

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Wendy L. Richardson

From: Kelly L. Cook

Sent: Monday, March 02, 2009 9:50 AM

To:Wendy L. RichardsonSubject:FW: Plumbers 112 HFAttachments:SIPC Health - Falvo Sig.pdf

This goes with the HF SIPC claim.

----Original Message----

From: George Fish [mailto:one12funds@yahoo.com]

Sent: Monday, March 02, 2009 9:45 AM

To: Kelly L. Cook

Subject: Fw:

Kelly, Lou's signed resolution. George

--- On Mon, 3/2/09, Tara DeNucci < lu112healthfund@yahoo.com> wrote:

- > From: Tara DeNucci <lu112healthfund@yahoo.com>
- > Subject:
- > To: "George Fish" <one12funds@yahoo.com>
- > Date: Monday, March 2, 2009, 9:43 AM
- > Thank you,
- > Tara
- > Plumbers & Pipefitters Local Union #112 Funds Office PO Box 670,
- > Binghamton, NY 13902
- > 607-722-1883 ~ 607-724-4708 fax
- > Disclaimer: The information contained within is intended only for the
- > person or entity to which it is addressed and may contain confidential
- > and/or privileged material protected by Federal Confidentiality Rules.
- > These rules prohibit you from making any further disclosures unless
- > further disclosure is expressly permitted with the written consent of
- > the person to whom it pertains. If the reader of this message is not
- > the intended recipient, any review, disclosure, distribution, or
- > copying of this message, including any attachments, is strictly
- > prohibited. If you are not the intended recipient, please contact us
- > at the address above.

RESOLUTION

WHEREAS, the Plumbers, Pipe Fitters and Apprentices Local 112 Health Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize James Rounds, Chairman Trustee, and Lyle Fassett, Secretary Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

PLUMBERS, PIPE FITTERS AND APPRENTICES LOCAL 112 HEALTH FUND

Dated:	By:	
	Í	James Rounds, Union Trustee
Dated:	Ву:	Bernard Lubeck, Union Trustee

08-01789-cgm Doc 4070-4 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 3 Customer Claims Pg 31 of 103

Dated:	By:	
	_	Donald Darcangelo, Union Trustee
Dated:	By:	
		Douglas McMaster, Union Trustee
Dated:	Ву:	
		Scott McPherson, Union Trustee
Dated:	By:	
		Wayne L. Howard, Employer Trustee
Dated:	By:	
		James Lewis, Employer Trustee
Dated: 2(23/39	Ву:	Lain a Jacop
V		Louis A. Falvo, Jr., Employer Trustee
Dated:	Ву:	
		Lyle Fassett, Employer Trustee
Dated:	Ву:	
		Richard Schmalz, Employer Trustee

08-01789-cgm Doc 4070-4 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 3 Customer Claims Pg 32 of 103

Dated:	By:	
	**************************************	Donald Darcangelo, Union Trustee
Dated:	Ву:	
		Douglas McMaster, Union Trustee
Dated:	By:	Scott McPherson, Union Trustee
		Scott McPherson, Union Trustee
Dated:	By:	
		Wayne L. Howard, Employer Trustee
Dated:	By:	
		James Lewis, Employer Trustee
Dated:	Ву:	
		Louis A. Falvo, Jr., Employer Trustee
Dated: 2/25/09	By:	Bulle Fresitt
		Lyle Fassett, Employer Trustee
Dated:	By:	
		Richard Schmalz, Employer Trustee

08-01789-cgm Doc 4070-4 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 3 Customer Claims Pg 33 of 103

Dated:	Ву:	
		Donald Darcangelo, Union Trustee
Dated:	Ву:	
	•	Douglas McMaster, Union Trustee
Dated:	By:	
	-	Scott McPherson, Union Trustee
Dated:	By:	
		Wayne L. Howard, Employer Trustee
Dated:	Ву:	
		James Lewis, Employer Trustee
Dated:	Ву:	
		Louis A. Falvo, Jr., Employer Trustee
Dated:	By:	
		Lyle Fassett, Employer Trustee
Dated: 22009	Ву:	
1 1 '	مور. م	Richard Schmalz, Employer Trustee

PLUMBERS LOCAL 112 HEALTH FUND EIN # 16-6053348

UNION TRUSTEES

Donald Darcangelo Plumbers Local 112 Health Fund 11 Griswold Street P.O. Box 670 Binghamton, New York 13902 Telephone: (607) 722-1883

Bernard Lubeck Plumbers Local 112 Health Fund 11 Griswold Street P.O. Box 670 Binghamton, New York 13902 Telephone: (607) 722-1883

Douglas McMaster Plumbers Local 112 Health Fund 11 Griswold Street P.O. Box 670 Binghamton, New York 13902 Telephone: (607) 722-1883

Scott A. McPherson Plumbers Local 112 Health Fund 11 Griswold Street P.O. Box 670 Binghamton, New York 13902 Telephone: (607) 722-1883

James Rounds
Plumbers Local 112 Health Fund
11 Griswold Street
P.O. Box 670
Binghamton, New York 13902
Telephone: (607) 722-1883

EMPLOYER TRUSTEES

Louis A. Falvo, Jr.
Plumbèrs Local 112 Health Fund
c/o HJ Brandeles Corp
300 Lafayette Street
Utica, New York 13502
Telephone: (315) 733-6346

Lyle D. Fassett Plumbers Local 112 Health Fund 18 Stewart Road Conklin, New York 13748 Telephone: (607) 722-1883

Wayne L. Howard Plumbers Local 112 Health Fund 84 NY Route 7 P.O. Box 9 Port Crane, New York 13833 Telephone: (607) 729-1111

James L. Lewis Plumbers Local 112 Health Fund P.O. Box 38 Chenango Forks, New York 13746 Telephone: (607) 648-8526

Richard Schmalz Plumbers Local 112 Health Fund 529 Oriskany Street West Utica, New York 13502 Telephone: (315) 797-0858

ROOFERS' LOCAL 195 HEALTH, PENSION & ANNUITY FUNDS

6200 State Route 31 Cicero, New York 13039 Phone (315) 699-1388 Fax (315) 699-1390

February 26, 2009

Irving H. Picard, Esq. Trustee for Bernard L. Madoff Investment Securities L.L.C. Claims Processing Center 2100 McKinney Ave., Suite 800 Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Roofers Local 195 Annuity Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Roofers Local 195 Annuity Fund

Patricia A. Redhead Plan Manager

Enclosures



CUS.	TOM	FR		AIM
	1 1 2 1 2 1	ـ الـسـة	- No. of Same	A

Claim Number
Date Received

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

	Provide your office and home telephone no.
Roofers Local 195 Annuity Fund 6200 State Route 31	OFFICE: (315)699-1388
Cicero, NY 13039 Andover Associates,	HOME: (315) 439 - 4522
Madoff Account #: 1-A0061 Tax ID #: 14-1721374	Taxpayer I.D. Number (Social Security No.)

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1.		n for money balances as of December 11, 2008: The Broker owes me a Credit (Cr.) Balance of	\$ 156.94
	b.	I owe the Broker a Debit (Dr.) Balance of	\$ <u> </u>

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	C.	If you wish to repay the Debit Balance,			
	w.	• •	~ ~ d		
		please insert the amount you wish to repay			
		attach a check payable to "Irving H. Picard,	•		
		Trustee for Bernard L. Madoff Investment S	Securitie:	s LLC."	
		If you wish to make a payment, it must be	enclose	ed .	
		with this claim form.		\$ <u>-6</u>	
	d.	If balance is zero, insert "None."		None	
2.	Clai	m for securities as of December 11, 2008:			
feer >	Olas	mior scourines as or becomber 11, 2000.			
PLEASE	DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOL	IR POSSE	SSION.
			YES		NO
	a.	The Broker owes me securities	X		
	b.	I owe the Broker securities		Walde All Control of Management	X
	C.	if yes to either, please list below:			
				Number of	Shares or
			E	ace Amour	nt of Bonds
Date of			Th	e Broker	l Owe
Transact				ves Me	the Broker
(trade da	ite)	Name of Security	(Long)	(Short)
		\$103,920.86		\times	
		Please refer to Andover Associate	£2		TO STORE THE STORE
	***************************************	SIPC Claim: the above estimated	d		***************************************
	······································	amount is the claimant's share	*****	' 	***************************************
		of the hadoff loss only.			

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.	\$40-11-11-11-11-11-11-11-11-11-11-11-1-1-1-	X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		<u> </u>
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	1	<u> </u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		<u> </u>
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		<u>X</u>

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9.	Have you or any member of your family			
	ever filed a claim under the Securities Investor Protection Act of 1970? if			
	so, give name of that broker.			
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A			
If you ca case, pl	innot compute the amount of your claim, you may file an estimated claim. In that ease indicate your claim is an estimated claim.			
IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.				
	DREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY MATION AND BELIEF.			
Date	2/21/09 Signature Latteria Recher			
Date	Signature			
(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)				
	hibit B This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:			

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR ROOFERS LOCAL 195 ANNUITY FUND [EIN #14-1721374]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Patricia Redhead, Plan Manager Roofers Local 195 Annuity Fund 6200 State Route 31 Cicero, New York 13039 Telephone: (315) 699-1388

RESOLUTION

WHEREAS, the Roofers' Local 195 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Patricia Redhead, Plan Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

ROOFERS' LOCAL 195 ANNUITY FUND

Dated: 2/2009

Bv:

Ronald E. Haney, Union Trustee

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Dated: 2.20-09	Ву:	Genell Crouse
		Gerald Crouse, Union Trustee
j :		,
Dated: 2/20/09	Ву:	Kevin Milligan, Union Trustee
Dated: 2 3 09	By:	While Mill
	•	Richard Anderson, Employer Trustee
Dated: 2-20-09	By:	Joseph Cheanen
	6	Joseph Chiarizia, Employer Trustee
1 :		20 10 10 MM
Dated: 24 09	By:	Chal Mulle
		Charles D. Midddleton, Employer Trustee

LIST OF TRUSTEES AND CONTACT INFORMATION FOR **ROOFERS' LOCAL 195 ANNUITY FUND** (EIN # 14-1721374)

Mr. Ronald E. Haney, Chairman, Union Trustee

Roofers' Local 195 Annuity Fund

6200 State Route 31

Cicero, New York 13039

Telephone:

(315) 699-1808

Gerald W. Crouse, Union Trustee Roofers' Local 195 Annuity Fund c/o 6680 State Highway 5 Fort Plain. New York 13339

Telephone:

(518) 993-2842

Mr. Kevin Milligan, Union Trustee Roofers' Local 195 Annuity Fund 6200 State Route 31 Cicero, New York 13039 (315) 699-1808 Telephone:

Mr. Richard Anderson, Secretary, Union Trustee Roofers' Local 195 Annuity Fund c/o WCA Roofing and Sheet Metal P.O. Box 399 East Syracuse, New York 13057

Telephone: (315) 463-5291

Mr. Joseph Chiarizia, III, Employer Trustee Roofers' Local 195 Annuity Fund c/o Josall Syracuse, Inc. P.O. Box 158 Eastwood Station Syracuse, New York 13206 Telephone: (315) 463-9214

Mr. Charles D. Middleton, Employer Trustee Roofers' Local 195 Annuity Fund c/o DeWald Roofing Co., Inc. P.O. Box 479 Central Square, New York 13063 Telephone: (315) 676-2744

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ROOFERS' LOCAL 195 HEALTH, PENSION & ANNUITY FUNDS

6200 State Route 31

Cicero, New York 13039
 Phone (315) 699-1388
 Fax (315) 699-1390

February 26, 2009

Irving H. Picard, Esq. Trustee for Bernard L. Madoff Investment Securities L.L.C. Claims Processing Center 2100 McKinney Ave., Suite 800 Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Roofers Local 195 Health & Accident Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Roofers Local 195 Health &

Accident Fund

Patricia A. Redhead Plan Manager

Enclosures



CUSTOMER CLAIM	
	Claim Number

Date Received

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Roofers Local 195 Health & Accident Fund
6200 State Route 31
Cicero, NY 13039
Beacon Associates,
Madoff Account #: 1-B0118

Tax ID #: 16-6148181

Provide your office and home telephone no.

OFFICE: (315)699-1388

HOME: (315) 439 -4522

Taxpayer I.D. Number (Social Security No.) 16-614818)

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

Claim for money balances as of December 11, 2008: 1. a. The Broker owes me a Credit (Cr.) Balance of

l owe the Broker a Debit (Dr.) Balance of

502180406

08-01789-cgm Doc 4070-4 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 3 Customer Claims Pg 48 of 103

	Ċ.	If you wish to repay the Debit Balance,		
		please insert the amount you wish to repay	and	
		attach a check payable to "Irving H. Picard,	Esq.,	
		Trustee for Bernard L. Madoff Investment S	securities LLC."	
		If you wish to make a payment, it must be	enclosed	
		with this claim form.	\$	0-
	d.	If balance is zero, insert "None."	N	one
2.	Clai	m for securities as of December 11, 2008:		
m: = a c f	- n	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOUR POSS	ESSION.
PLEASE	= 00	NOT CEATINI AND SECONMED 100 1011		
		-	YES _	<u>NO</u>
	a.	The Broker owes me securities	<u>X</u>	<u>,,</u>
	b.	l owe the Broker securities		<u> </u>
	c.	if yes to either, please list below:		
				of Shares or
			Face Amo	ount of Bonds
Date o	f		The Broke	
Transac		Name of Security	Owes Me (Long)	the Broker (Short)
(trade da	ate)		√ (∠ong)	(01.011)
		\$393,511.91		
		Please refer to Beacon Associate	<u> </u>	
		SIPC Claim; the doore estimate		
		amount is the claimant's share	- Hillian Control of the Control of	And the second s
		of the madoff loss only.	***************************************	Management of the second of th

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received. PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3,	Has there been any change in your account since December 11, 2008? If so, please explain.		X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		<u>×</u>
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)		_X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		

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9.	Have you or any member ever filed a claim under the investor Protection Act of so, give name of that broken	e Securities 1970? if	<u> </u>	
		nd address of anyone assisting you in the orm: See Exhibit A		
If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.				
CONVIC.	TION CAN RESULT IN	RAL LAW TO FILE A FRAUDULENT A FINE OF NOT MORE THAN \$50,0 THAN FIVE YEARS OR BOTH.		
THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.				
Date	126/09	Signature Lattein Reche	<u>u </u>	
Date		Signature		
(If owner	ship of the account is shar	ed, all must sign above. Give each owner	s name,	

address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

08-01789-cgm Doc 4070-4 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 3 Customer Claims Pg 51 of 103

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR ROOFERS LOCAL 195 HEALTH AND ACCIDENT FUND [EIN #16-6148181]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Patricia Redhead, Plan Manager Roofers Local 195 Health and Accident Fund 6200 State Route 31 Cicero, New York 13039 Telephone: (315) 699-1388

RESOLUTION

WHEREAS, the Roofers' Local 195 Health and Accident Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Patricia Redhead, Plan Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

ROOFERS' LOCAL 195 HEALTH AND ACCIDENT FUND

Dated: 2/20/09

By:

onald E. Haney, Union Trustee/

08-01789-cgm Doc 4070-4 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 3 Customer Claims Pg 55 of 103

Dated: 1-20-09	Ву:	Through Crown
		Gerald Crouse, Union Trustee
Dated: 2/20/09	By:	Kevin Milligan, Union Trustee
		Revin Willingan, Ollion Trustee
Dated: $\frac{2}{3}$ 09		100/11/
Dated: 0 100 10 1	By:	Richard Anderson, Employer Trustee
Dated: 2 - 20 · 09	By:	9 1 Chan
Dated. 2 20 1	Dy.	Joseph Chiarizia, Employer Trustee
		$\Omega = -\Omega \Omega \Omega$
Dated: 124 09	By:	Cha Willett
	J	Charles D. Midddleton, Employer Trustee

LIST OF TRUSTEES AND CONTACT INFORMATION FOR ROOFERS' LOCAL 195 HEALTH AND ACCIDENT FUND (EIN # 16-6148181)

Mr. Ronald E. Haney, Chairman, Union Trustee Roofers' Local 195 Health and Accident Fund 6200 State Route 31

6200 State Route 31

Cicero, New York 13039

Telephone:

(315) 699-1808

Gerald W. Crouse, Union Trustee Roofers' Local 195 Health and Accident Fund c/o 6680 State Highway 5 Fort Plain, New York 13339 Telephone: (518) 993-2842

Mr. Kevin Milligan, Union Trustee Roofers' Local 195 Health and Accident Fund 6200 State Route 31 Cicero, New York 13039 Telephone: (315) 699-1808

Mr. Richard Anderson, Secretary, Union Trustee Roofers' Local 195 Health and Accident Fund c/o WCA Roofing and Sheet Metal P.O. Box 399 East Syracuse, New York 13057 Telephone: (315) 463-5291

Mr. Joseph Chiarizia, III, Employer Trustee Roofers' Local 195 Health and Accident Fund c/o Josall Syracuse, Inc. P.O. Box 158 Eastwood Station Syracuse, New York 13206 Telephone: (315) 463-9214

Mr. Charles D. Middleton, Employer Trustee Roofers' Local 195 Health and Accident Fund c/o DeWald Roofing Co., Inc. P.O. Box 479 Central Square, New York 13063 Telephone: (315) 676-2744



February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Syracuse Builders Exchange, Inc./CEA Pension Plan ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Syracuse Builders Exchange, Inc./CEA Pension

Plan

Earl N. Hall

Trustee and Secretary

Enclosures

CUSTOMER C

Claim	Number
Date F	Received

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

OFFICE:_	(35)	+37 - 3717	
HOME:	(315)	437-4050	
		er (Social Security No +360	٥.)

Provide your office and home telephone no.

SBE/CEA Pension Plan 6563 Ridings Road Syracuse, NY 13206 Beacon Associates, Madoff Account #: 1-B0118 Tax ID #: 16-1598223

15-0464360

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- 1. Claim for money balances as of December 11, 2008:
 - a. The Broker owes me a Credit (Cr.) Balance of

\$ 3.26

b. I owe the Broker a Debit (Dr.) Balance of

\$____

	C,	If you wish to repay the Debit Balance,			
	Ψ,	please insert the amount you wish to repay	and		
		attach a check payable to "Irving H. Picard,			
		Trustee for Bernard L. Madoff Investment S		elic"	
		If you wish to make a payment, it must be	encios		-
		with this claim form.		\$	<i></i>
	d.	If balance is zero, insert "None."		<u>Nor</u>	<u>1e</u>
2.	Clai	m for securities as of December 11, 2008:			
PLEAS	E DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN YOU	JR POSSE	SSION.
		_	YES		NO
	a.	The Broker owes me securities	X		······································
	b.	I owe the Broker securities		······	Χ
	c.	if yes to either, please list below:			
			_	Number of	
				Face Amoui	nt of Bonds
Date (of		Th	ne Broker	l Owe
Transa				wes Me	the Broker
(trade o	date)	Name of Security	!	(Long)	(Short)
		\$715,476.21		<u>X</u>	
		Please refer to Beacon Associate			
		SIPC Claim; the above estimated	i	······································	****
		amount is the claimant's Share			***************************************
		of the Madaff loss only.			

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		<u>X</u>
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		

9.	Have you or any member of ever filed a claim under the Investor Protection Act of 1 so, give name of that broke	e Securities 1970? if	X
		nd address of anyone assisting you in the rm: See Exhibit A	
	nnot compute the amount of ease indicate your claim is a	í your claim, you may file an estimated claí in estimated claim.	m. In that
CONVIC	TION CAN RESULT IN	RAL LAW TO FILE A FRAUDULENT A FINE OF NOT MORE THAN \$50 THAN FIVE YEARS OR BOTH.	
INFORM	IATION AND BELIEF.	TUE AND ACCURATE TO THE BEST	
Date	2-25-09	Signature Jail N. Hal	Sec-Trustee
			THE THE PARTY OF T
address, than a pe	phone number, and extent ersonal account, e.g., corpor	ed, all must sign above. Give each owners of ownership on a signed separate shee rate, trustee, custodian, etc., also state you st agreement or other proof of authority.)	t. If other

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR SYRACUSE BUILDERS EXCHANGE, INC./CEA PENSION PLAN [EIN NO. 15-0464360]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Earl N. Hall, Trustee Syracuse Builders Exchange, Inc./CEA Pension Plan 6563 Ridings Road Syracuse, NY 13206 Telephone: (315) 437-9936

RESOLUTION

WHEREAS, the Syracuse Builders Exchange, Inc./CEA Pension Plan ("Fund") is an independent functioning single employer ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Earl N. Hall, Secretary and Trustee of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

Dated: <u>2-23-09</u>

Dated: 7/24/2009

Dated: 2 27 2009

SYRACUSE BUILDERS EXCHANGE,

INC/CEA PENSION PLAN

Earl N. Hall, Trustee

By: Samuel Conley, Trustee

By: Robert Henderson, Trustee

SYRACUSE BUILDERS EXCHANGE, INC./CEA PENSION PLAN (EIN NO. 15-0464360)

TRUSTEES

Earl N. Hall, Trustee Syracuse Builders Exchange, Inc./CEA Pension Plan 6563 Ridings Road Syracuse, NY 13206 (315) 437-9936

Samuel Conley, Trustee Syracuse Builders Exchange, Inc./CEA Pension Plan Whiteacre Engineering 4522 Wetzel Road Liverpool, NY 13090 (315) 437-9936

Robert Henderson, Trustee Syracuse Builders Exchange, Inc./CEA Pension Plan Henderson-Johnson Co., Inc. 918 Canal Street PO Box 6964 Syracuse, NY 13217 (315) 437-9936

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Claim	Numbe	2 1
Date	Receive	∋d

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

	In	Liquidation
	DECE	MBER 11, 2008
vice Employees Benefit 3 West Fayette St., St. Box 1600 acuse, NY 13201 con Associates, doff Account #: 1-B0; ID #: 15-0613682	uite 302	Provide your office and home telephone no. OFFICE: (315)424 - 1754 HOME: (3/5)363 - 4859 Taxpayer I.D. Number (Social Security No.) 15 - 0613682
(If incorre	ect, please change)	
NOTE:	THE ACCOMPANYING INST SHOULD BE FILED FOR E PROTECTION AFFORDED U RECEIVED BY THE TRUST RECEIVED AFTER THAT DA SUBJECT TO DELAYED PRO	

Claim for money balances as of December 11, 2008_:

I owe the Broker a Debit (Dr.) Balance of

The Broker owes me a Credit (Cr.) Balance of

1

08-01789-cgm Doc 4070-4 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 3 Customer Claims Pg 68 of 103

	C.	If you wish to repay the Debit Balance,	ŧ		
		please insert the amount you wish to repay			
		attach a check payable to "Irving H. Picard,			
		Trustee for Bernard L. Madoff Investment S	Securi	ties LLC."	
		If you wish to make a payment, it must be	encic	sed	
		with this claim form.		\$	
	d.	If balance is zero, insert "None."		Nor	1e
<u>)</u> ,	Cla	im for securities as of December 11, 2008:			
PLEAS	E DO	NOT CLAIM ANY SECURITIES YOU HAVE	INY	OUR POSSE	SSION.
			Y	<u> </u>	NO
	а.	The Broker owes me securities	<u> </u>	/	23000000000000000000000000000000000000
	b.	owe the Broker securities			X
	C.	if yes to either, please list below:			
				Number o	f Shares or
				Face Amou	nt of Bonds
Date	o.f			The Broker	l Owe
Transa				Owes Me	the Broker
(trade				(Long)	(Short)
		\$2,539,940.53			Ephonoxia and a second a second and a second a second and
·		Please ve fer to Beacon Associate	<u> </u>		
		SIPC Claim; the above estimated	d		
		amount is the claimant's share	y 	James prior fill field that this field and field field by years and the	
		of the Madoff loss only.			

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

2

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHEC K THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMP LETION.

		<u>YES</u>	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	M	X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		X
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)		X
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.		X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	20110004247/74-7976000 00-7000-44097/44-795	X

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9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give mame of that broker.
	Please is St the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A
	nnot compute the amount of your claim, you may file an estimated claim. In that ease indicate your claim is an estimated claim.
CONVIC	VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR ONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.
	OREGOIN G CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY MATION AND BELIEF.
Date _3	226/09 Signature Varma. M. Menus
Date _	Signature
addres than a	ership of the account is shared, all must sign above. Give each owner's name, s, phone number, and extent of ownership on a signed separate sheet. If other personal account, e.g., corporate, trustee, custodian, etc., also state your capacity thority. Please supply the trust agreement or other proof of authority.)
See E	This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR SERVICE EMPLOYEES BENEFIT FUND [EIN #15-0613682]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Tammy A. McManus, Fund Manager Services Employees Benefit Fund 1153 West Fayette Street P.O. Box 1240 Syracuse, New York 13201 Telephone: (315) 424-1754

SERVICE EMPLOYEES BENEFIT FUND (EIN #15-0613682)

UNION TRUSTEES

Jeremiah Dennis
Service Employees Benefit Fund
1153 West Fayette Street
P.O. Box 1130
Syracuse, NY 13201
Telephone: (315) 424-1750

Elizabeth Golembeski
Service Employees Benefit Fund
1153 West Fayette Street
P.O. Box 1130
Syracuse, NY 13201
Telephone: (315) 424-1750

Alan Davidoff
Service Employees Benefit Fund
P.O. Box 6389
Syracuse, NY 13217
Telephone: (315) 729-7350

George Kennedy Service Employees Benefit Fund 974 Kenmore Avenue Buffalo, NY 14216 Telephone: (716) 982-0540

EMPLOYER TRUSTEES

Kevin Brogan Service Employees Benefit Fund c/o Loretto 700 Brighton Avenue Syracuse, NY 13205 Telephone: (315) 424-1750

Robert Wood Service Employees Benefit Fund c/o Rosewood Heights Health Center 614 South Crouse Avenue Syracuse, NY 13210 Telephone: (315) 424-1750



1153 West Fayette Street, P.O. Box 1600 Syracuse, New York 13201 Phone 315-424-1754 • 800-733-1754 Fax 315-479-9030

155 Washington Avenue Albany, New York 12210 Phone 518-463-0164 • 800-669-8786 Fax 518-463-0516

Bercen

February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinley Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard,

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Service Employees Pension Fund of Upstate New York ("Fund").

Please advise if any additional documents are needed. The Fund looks to receiving payment of the claim as soon as practical.

Sincerely,

Service Employees Pension Fund of Upstate New York

Beth Barrett Fund Manager

Enclosures

Madoff SIPC IndirectMadoffInvest Beacon

Syracuse Office

Beth Barrett, Joint Fund Manager Jackie LaPointe, Benefit Specialist Caroline Viscome, Fund Accountant **Albany Office**

Terri Christian, Benefit Coordinator Barbara Emma, Benefit Coordinator

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Claim	Number_	
Date	Received	

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DEC	ECEMBER 11, 2008			
	Provide your office and home telephone no.			
Service Employees Pension Plan of Upstate NY 1153 West Fayette St., P.O. Box 1240	OFFICE: (35)424-1754			
Syracuse, NY 13201 Beacon Associates,	HOME: (315) 456-9214			
Madoff Account #: 1-B0118 Tax ID #: 16-0908576	Taxpayer I.D. Number (Social Security No.)			

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- Claim for money balances as of December 11, 2008: 1
 - The Broker owes me a Credit (Cr.) Balance of \$_____
 - I owe the Broker a Debit (Dr.) Balance of

502)80406

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	C.	If you wish to repay the Debit Balance,						
		please insert the amount you wish to repay and						
		attach a check payable to "Irving H. Picard,						
		Trustee for Bernard L. Madoff Investment S		ies LLC."				
		If you wish to make a payment, it must be						
		with this claim form.	J11010	s - C	>-			
				Nor	3/2			
	d,	If balance is zero, insert "None."		INCL	15-			
2.	Clai	m for securities as of December 11, 2008:						
PLEA	SE DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN Y	DUR POSSE	SSION.			
		_	YE	<u>S</u>	NO			
	a.	The Broker owes me securities	X					
•	α,	THE DIONEL OWES THE COST. MAD			Χ			
	b.	I owe the Broker securities						
	C.	if yes to either, please list below:						
					Shares or			
				Face Amou	<u>nt of Bonds</u>			
Date	e of			The Broker	I Owe			
	saction			Owes Me	the Broker			
(trade	e date)	Name of Security		(Long)	(Short)			
		\$8,192,202,56		<u>X</u>				
a-monor/***********************************		Please refer to Beacon Associate	్ క	Annual Control of the	Simple Strategy (Application of the Company of the			
		SIPC Claim; the above estimated	·		gyarangananiikidhahakidishiyahakidanayarananiinaraa			
		amount is the claimant's Share	· -	Natural design of the Company of the	March 44 a graphic programme, grant committed & (Alfred Anni Cape Anni Cape Anni Cape Anni Cape Anni Cape Anni			
		of the Madoff loss only.						

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

2

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	NO
3.	Has there been any change in your account since December 11, 2008? If so, please explain.		<u>X</u>
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?		<u> </u>
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		×
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	·	
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	ennespennespennespennesse del trada	X
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	Name of the Association of the A	X

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08-01789-cgm Doc 4070-4 Filed 05/16/11 Entered 05/16/11 15:43:49 Exhibit A Part 3 Customer Claims Pg 79 of 103

9.	Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.
	Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A
	annot compute the amount of your claim, you may file an estimated claim. In that ease indicate your claim is an estimated claim.
CONVI	A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR ONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.
INFOR	DREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY MATION AND BELIEF.
Date _	j donuary 27, 2009 Signature Deth Darritt Signature
address than a p	ership of the account is shared, all must sign above. Give each owner's name, so phone number, and extent of ownership on a signed separate sheet. If other personal account, e.g., corporate, trustee, custodian, etc., also state your capacity hority. Please supply the trust agreement or other proof of authority.)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 - 2 - 3 - m

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR SERVICE EMPLOYEES PENSION FUND OF UNY [EIN #16-0908576]

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Beth Barrett, Fund Manager Service Employees Pension Fund of UNY 1153 West Fayette Street P.O. Box 1240 Syracuse, New York 13201 Telephone: (315) 424-1754

RESOLUTION

WHEREAS, the Service Employees of Upstate New York Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett,

Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents

pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other

necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of
the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

	YORK PENSION FUND	
Dated:	Ву:	
	George Kennedy, Union Trustee	
Shelec		
Dated: $\frac{2/23/0}{}$	By: Jensey James	
	Jeremiah Dennis, Union Trustee	

SERVICE EMPLOYEES OF UPSTATE NEW

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Dated:	By:	No. 1 E. L. T. A.
		Melvin Florczak, Employer Trustee
Dated:	By:	Susan Nicholson, Employer Trustee

RESOLUTION

WHEREAS, the Service Employees of Upstate New York Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett,

Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents

pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other

necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of
the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		YORK PENSION FUND	
Dated:	By:		
	*	George Kennedy, Union Trustee	
Dated:	By:		
	•	Jeremiah Dennis, Union Trustee	

SERVICE EMPLOYEES OF UPSTATE NEW

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Dated:_		By:	
		Melyin Fl	orczak/Employer Trustee
	2//		
Dated:_	/25 /09	By Ween	her s
		Susan Nic	cholson, Employer Trustee
	,	/ /	

klc/Madoff/SEUNYPF/SIPCResolution - Indirect

RESOLUTION

WHEREAS, the Service Employees of Upstate New York Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Beth Barrett,

Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents

pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other

necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of
the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

		SERVICE EMPLOYEES OF UPSTATE NEW YORK PENSION FUND
Dated: 2/26/09	By:	George Kennedy, Union Trustee
Dated:	By:	Jeremiah Dennis, Union Trustee

Dated: 22009

By: Melvin Florczak, Employer Trustee

Dated: By:

Susan Nicholson, Employer Trustee

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SERVICE EMPLOYEES OF UPSTATE NEW YORK PENSION FUND (EIN #16-098576)

UNION TRUSTEES

Jeremiah Dennis Service Employees of UNY Pension Fund 1153 West Fayette Street P.O. Box 1130 Syracuse, NY 13201 Telephone: (315) 424-1750

George Kennedy Service Employees of UNY Pension Fund 974 Kenmore Avenue Buffalo, NY 14216 Telephone: (716) 982-0540

EMPLOYER TRUSTEES

Melvin Florczak Service Employees of UNY Pension Fund 58 Grand Prix Drive Cheektowaga, NY 14225 Telephone: (716) 668-0214

Susan Nicholson Service Employees of UNY Pension Fund Menorah Park/Jewish Home 4101 E Genesee St Syracuse, NY 13214 Telephone: (315) 446-9111

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Health, Welfare, Retirement and Annuity Funds

P.O. BOX 911 OSWEGO, NEW YORK 13126 (315) 343-1808 • FAX: (315) 343-4184



FEBRUARY 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Local 73 Retirement Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Local 73 Retirement Fund

James P. Gaffney

Administrative Manager

Enclosures

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1 + 1	101	() IN		1.	

Claim	Number
Date F	Received

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

J.A. Local 73 Retirement Fund O. Box 911 Oswego, NY 13126 Jeacon Associates, Madoff Account #: 1-B0118 Oax ID #: 15-6016577

15-6010577

OFFICE: (607) 729 - 6171

HOME: (607) 723 - 5293

Provide your office and home telephone no.

Taxpayer I.D. Number (Social Security No.)

(If incorrect, please change)

NOTE:

BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008_:

a. The Broker owes me a Credit (Cr.) Balance of

b. I owe the Broker a Debit (Dr.) Balance of

s 43.36 s -0-

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	C.	If you wish to repay the Debit Balance,			
		please insert the amount you wish to repay	and		
		attach a check payable to "Irving H. Picard,			
		Trustee for Bernard L. Madoff Investment S		es LLC."	
		If you wish to make a payment, it must be			
		·	C110100	s - C	>
		with this claim form.			S. 51
	d.	If balance is zero, insert "None."		Nor	16
2.	Clair	m for securities as of December 11, 2008:			
PLEA	SE DO	NOT CLAIM ANY SECURITIES YOU HAVE	IN YO	UR POSSE	SSION.
		-	YE	<u>S</u>	NO
-	a.	The Broker owes me securities	X		
	b.	I owe the Broker securities			X
	C.	If yes to either, please list below:			
				Number of	Shares or
				Face Amoui	nt of Bonds
	e of			The Broker Owes Me	l Owe the Broker
	saction e date)	Name of Security		(Long)	(Short)
,	,	*9,515,833.54		<u> </u>	
		Please vefer to Beacon Associate	دي		And the second s
		SIPC Claim; the above estimated			<u> </u>
		amount is the claimant's Share	<i>2</i>		
		of the Madoff loss only.			· · · · · · · · · · · · · · · · · · ·

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

		YES	<u>NO</u>
3.	Has there been any change in your account since December 11, 2008? If so, please explain.	AND THE PROPERTY OF THE PROPER	X
4.	Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	p-11	X
5.	Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?		
6.	Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	•	<u> </u>
7.	Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	Marie Control	
8.	Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.		X

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9.	Have you or any member of your family	
	ever filed a claim under the Securities	
	Investor Protection Act of 1970? if so, give name of that broker.	X
	so, give hame of that broker.	· · · · · · · · · · · · · · · · · · ·
	Please list the full name and address of anyone assisting you in the	he
	preparation of this claim form: See Exhibit A	
		*
lf vou c	cannot compute the amount of your claim, you may file an estimated (olaim. In that
	please indicate your claim is an estimated claim.	
		•
IT IS	A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULE	NT CLAIM
	VICTION CAN RESULT IN A FINE OF NOT MORE THAN	
IMPRIS	SONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.	
THE E	FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BE	EST OF MY
	RMATION AND BELIEF.	, , , , , , , , , , , , , , , , ,
Data	FEB 21, 2019 Signature Value Cou	iall
Dale _		
Date _	FEB. 27,2009 Signature James? Way	
/ 1. f		
	nership of the account is shared, all must sign above. Give each or ss, phone number, and extent of ownership on a signed separate sl	
	a personal account, e.g., corporate, trustee, custodian, etc., also state	
	uthority. Please supply the trust agreement or other proof of authorit	

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

LIST OF INDIVIDUALS PROVIDING ASSISTANCE WITH CLAIM FORM FOR LOCAL 73 RETIREMENT FUND EIN #15-6010577

Dr. John P. Jeanneret, President J.P. Jeanneret Associates, Inc. White Memorial Building 100 East Washington Street Syracuse, New York 13202 Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

James P. Gaffney, Administrative Manager Local 73 Retirement Fund 705 East Seneca Street Oswego, New York 13126 Telephone: (315) 343-1808

RESOLUTION

WHEREAS, the Local 73 Retirement Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize James P.

Gaffney, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

Dated: 2 20 09	By: Local 73 RETIREMENT FUND	
	Patrick Carroll, Union Trustee	
Dated: 2/20/09	By: Timothyth Donovan	
<i>t f</i>	Timothy Donovan, Union Trustee	

Customer Claims

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Part 3

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Dated:	By:	
	* ************************************	Timothy Rice, Union Trustee
Dated:	By:	
		Timothy Donovan, Union Trustee
Dated: 14009	By:	Christopher Johns
and the second s		Christopher Stone, Employer Trustee
Dated:	By:	
		Frederick J. Volkomer, Employer Trustee
Dated:	By:	
Dateu.	Бy.	Frederick J. Volkomer, II. Employer Trustee

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Dated:	By:	
	, *	Timothy Rice, Union Trustee
Dated:	By:	
		Timothy Donovan, Union Trustee
Dated: 1 40 09	By:	Christophy John
en ge		Christopher Stone, Employer Trustee
Dated:	By:	
	-	Frederick J. Volkomer, Employer Trustee
Dated:	By:	
Daive.	Dy.	Frederick I Volkomer II Employer Trustee

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Dated:	By:	
	-	Timothy Rice, Union Trustee
Dated:	By:	
	•	Christopher Stone, Employer Trustee
Dated: 2-27-09	By:	Frederick J. Volkomer, Employer Trustee
		Frederick J. Volkomer, Employer Trustee
Dated: 2-27-09	By:	Frederick J. Volkomer, II, Employer Trustee
	-	Frederick J. Volkomer, II, Employer Trustee

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LOCAL 73 RETIREMENT FUND EIN NO. 15-6010577

UNION TRUSTEES

Christopher J. Stone Hyde-Stone Mechanical 29 Hatch Road Potsdam, New York 13676 Telephone: (315) 265-6999

Frederick Volkomer 205 West Albany Street P.O. Box 1037 Oswego, New York 13126 Telephone: (315) 343-9315

Frederick Volkomer, II P.O. Box 1037 Oswego, New York 13126 Telephone: (315) 343-9315

EMPLOYER TRUSTEES

Patrick Carroll 65 Baitsell Road Oswego, New York 13126 Telephone:

Timothy Rice U.A. Local Union No. 73 P.O. Box 911 Oswego, New York 13126

Timothy Donovan 336 S.W. 8th Street Oswego, New York 13126 Telephone: